

Fill in this information to identify the case:

Debtor name The Gateway Development Group, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) 21-22304-rdd

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1		
Priority creditor's name and mailing address CONNECTICUT DEPT OF LABOR 200 FOLLY BROOK BOULEVARD WETHERSFIELD, CT 06109	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$150.00 \$150.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Underpaid unemployment insurance	
Last 4 digits of account number 2200	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2		
Priority creditor's name and mailing address NEW YORK STATE THRUWAY VIOLATIONS PROCESSING CENTER PO BOX 15186 ALBANY, NY 12212-5186	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$58.83 \$58.83
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Violation Numbers T117488168937-00001 & T117488168937-TSURC	
Last 4 digits of account number 2659	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	The Gateway Development Group, Inc.	Case number (if known)	21-22304-rdd	
2.3	<p>Priority creditor's name and mailing address NYS DEPT OF ENVIRONMENTAL CONSERVATION PO BOX 784971 PHILADELPHIA, PA 19178-4971</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$140.04	\$140.04
	Date or dates debt was incurred	Basis for the claim: Annual fee		
	Last 4 digits of account number 4313	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	<p>Priority creditor's name and mailing address TOWN OF GREENBURGH PO BOX 3002 GREENWICH, CT 06836-3002</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$26.33	\$26.33
	Date or dates debt was incurred	Basis for the claim: 2021 Motor Vehicle Tax for 2003 Ford Econoline		
	Last 4 digits of account number 4111	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	<p>Priority creditor's name and mailing address TOWN OF GREENBURGH PO BOX 3002 GREENWICH, CT 06836-3002</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$46.32	\$46.32
	Date or dates debt was incurred	Basis for the claim: 2019 Motor Vehicle Tax for 2003 Ford Econoline		
	Last 4 digits of account number 9301	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	<p>Priority creditor's name and mailing address TOWN OF GREENBURGH PO BOX 3002 GREENWICH, CT 06836-3002</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$63.31	\$63.31
	Date or dates debt was incurred	Basis for the claim: 2021 Motor Vehicle Tax for 2002 Chevrolet Silverado		
	Last 4 digits of account number 4110	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address 1162 EAST PUTNAM LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$45,810.81
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Over funding of project and claim for excess billing</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address 3030 WESTCHESTER REALTY LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$59,830.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Claims for excess billing</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address 415 GA ACQUISITION LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$87,424.19
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Over funding of project and claims for excess billing</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address 415 GA ACQUISITION LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$120,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Claim for construction management fees pursuant to Arbitration Award</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address ALTICE USA ATTN: SHARED SERVICES 1111 STEWART AVENUE BETHPAGE, NY 11714	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$508.25
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Optimum Internet Services</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address BERGER HARDWARE 43 NORTH MAIN STREET PORT CHESTER, NY 10573	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13.95
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address BURNS CONSTRUCTION CO., INC. 300 SPERRY AVENUE STRATFORD, CT 06615	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,211.15
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.8	Nonpriority creditor's name and mailing address CAINE & WEINER 338 HARRIS HILL ROAD #206 BUFFALO, NY 14221 Date(s) debt was incurred _____ Last 4 digits of account number <u>4730</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection agency for Otis Elevator Company</u> NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address CONN-PROFESSIONAL WATER SERVICES, LLC 70 NEW HAVEN ROAD SEYMOUR, CT 06483 Date(s) debt was incurred _____ Last 4 digits of account number <u>3471</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,135.00
3.10	Nonpriority creditor's name and mailing address DAN'S CARPET TRENDS, LLC 61 ABERDEEN STREET STAMFORD, CT 06902 Date(s) debt was incurred _____ Last 4 digits of account number <u>1043</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$684.00
3.11	Nonpriority creditor's name and mailing address DESIGN GLASS & MIRROR LLC 404 W. PUTNAM AVENUE GREENWICH, CT 06830 Date(s) debt was incurred _____ Last 4 digits of account number <u>4120</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Construction services and materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,824.69
3.12	Nonpriority creditor's name and mailing address EAST HAVEN BUILDERS SUPPLY PO BOX 120280 EAST HAVEN, CT 06512 Date(s) debt was incurred _____ Last 4 digits of account number <u>0476</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.42
3.13	Nonpriority creditor's name and mailing address FOLEY'S PUMP SERVICE, INC. 30 MIRY BROOK ROAD DANBURY, CT 06810 Date(s) debt was incurred _____ Last 4 digits of account number <u>3887</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,371.55
3.14	Nonpriority creditor's name and mailing address GATEWAY KENSINGTON LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possible claim for construction work that was warrantied by the Debtor and for which claims have been asserted and other possible claims that are subject to investigation.</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown

3.15	Nonpriority creditor's name and mailing address GATEWAY KENSINGTON LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$862,750.12
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Excess billing related to staff and labor</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address GOSHEN PLAZA ASSOCIATES LLC ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$32,554.92
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Claims for excess billing</u>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address GREENWICH PREMIER SERVICES 2 DEARFIELD DRIVE, SUITE 3 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$171,605.91
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Unpaid rent and unpaid office related expenses</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address H&W DOOR & HARDWARE, INC. 70 RED SCHOOLHOUSE ROAD CHESTNUT RIDGE, NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$448.67
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address HINCKLEY ALLEN & SNYDER LLP 20 CHURCH STREET, 18TH FLOOR HARTFORD, CT 06103	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47,912.37
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Legal fees</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address HOUSE OF WARMTH 449 DANBURY ROAD NEW MILFORD, CT 06776	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,813.73
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address ILEX ARCHITECTURAL LIGHTING 82 STEVENS STREET EAST TAUNTON, MA 02718	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$720.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.22	Nonpriority creditor's name and mailing address INTERIOR DRYWALL SYSTEMS 18 CALLAHAN LANE EAST HARTFORD, CT 06118	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$300.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>A1A2</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Services rendered</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.23	Nonpriority creditor's name and mailing address INTERSTATE & LAKELAND LUMBER CORP. PO BOX 4297 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10.67
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>9660</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.24	Nonpriority creditor's name and mailing address JAMES CARNICELLI, JR. 14 DUNHAM ROAD SCARSDALE, NY 10583	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.25	Nonpriority creditor's name and mailing address JAMES R. ANDERSON, ESQ. 600 MAMARONECK AVENUE, STE 400 HARRISON, NY 10528	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Attorney for Seymour Jean LLC</u>		
	NOTICE ONLY		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.26	Nonpriority creditor's name and mailing address JOHN CALOROSSI 136 ALPINE STREET STAMFORD, CT 06901	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$500.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.27	Nonpriority creditor's name and mailing address JOHN FARERI 559 STEAMBOAT ROAD, UNIT A-2 GREENWICH, CT 06830	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.28	Nonpriority creditor's name and mailing address L&A CONSTRUCTION 251 SPRING STREET OSSINING, NY 10562	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$51,640.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>269</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Construction services and materials</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.29	Nonpriority creditor's name and mailing address LEVITT L.P. ATTN: STEVEN LEVITT, ESQ. 129 FRONT STREET MINEOLA, NY 11501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
	Date(s) debt was incurred _____	Basis for the claim: <u>Arbitration award legal fees</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address LUIS MASONRY LLC 110 GRASSY PLAIN STREET BETHEL, CT 06801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,350.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address M.A.R.S. ELECTRIC LLC 21 DIAMOND AVENUE BETHEL, CT 06801	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,423.02
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number <u>5568</u>	Basis for the claim: <u>Construction services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address MARK MAY'S GARAGE DOOR STORE 1612 MAIN STREET PEEKSKILL, NY 10566	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$140.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address MILLENIUM STONE LTD 1 MILL STREET PORT CHESTER, NY 10573	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,700.00
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number <u>5776</u>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address MUSE INTERIORS 215 EAST PUTNAM AVENUE COS COB, CT 06807	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$289.81
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number <u>HARG</u>	Basis for the claim: <u>Electrical fixtures</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address NATIONS ROOF 85 E I-65 SERVICE ROAD SOUTH SUITE 300 MOBILE, AL 36606	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$820.72
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number <u>13NY</u>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.36	Nonpriority creditor's name and mailing address OLD TRACK PROPERTIES LLC ONE GREENWICH PARK SOUTH SUITE 350 GREENWICH, CT 06831	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,794,065.40
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u>Over funding of project and claims for excess billing</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.37	Nonpriority creditor's name and mailing address OTIS ELEVATOR COMPANY 10 FARM SPRINGS ROAD FARMINGTON, CT 06032	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$5,208.93
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: <u>Services rendered</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address PASTORE & DAILEY LLC ATTN: JOSEPH PASTORE III, ESQ. 4 HIGH RIDGE PARK, 3RD FL STAMFORD, CT 06905	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Legal fees</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address PKF O'CONNOR DAVIES, LLP 300 TICE BOULEVARD, STE 315 WOODCLIFF LAKE, NJ 07677	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$9,750.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Accounting services</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address ROCCIE'S ASPHALT PAVING PO BOX 4500 STAMFORD, CT 06907	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,650.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Landscaping/Pavers</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	Nonpriority creditor's name and mailing address ROCCO V. D'ANDREA INC. SIX NEIL LANE PO BOX 549 RIVERSIDE, CT 06878	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,701.25
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u> </u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address SEYMOUR JEAN LLC 15 KENSINGTON ROAD, UNIT 112 BRONXVILLE, NY 10708	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
		<input type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: <u>Plaintiff in contract civil action</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor The Gateway Development Group, Inc.

Case number (if known)

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3.43	Nonpriority creditor's name and mailing address STUDIO M DESIGNS 265 PATRIOT ROAD SOUTHBURY, CT 06488 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.44	Nonpriority creditor's name and mailing address SUNRISE CREDIT SERVICES INC. PO BOX 9100 FARMINGDALE, NY 11735-9100 Date(s) debt was incurred _____ Last 4 digits of account number <u>3767</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection agency for Optimum/Altice</u> NOTICE ONLY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address TACONIC HEATING & COOLING CORP 9 DOGWOOD ROAD CORTLANDT MANOR, NY 10567 Date(s) debt was incurred _____ Last 4 digits of account number <u>AIA1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Construction services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,905.50
3.46	Nonpriority creditor's name and mailing address TACONIC HEATING & COOLING CORP 9 DOGWOOD ROAD CORTLANDT MANOR, NY 10567 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HVAC services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159,177.11
3.47	Nonpriority creditor's name and mailing address THE RAFFUEL SURETY GROUP 15 CHAMBERS STREET PRINCETON, NJ 08542 Date(s) debt was incurred _____ Last 4 digits of account number <u>2714</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Discharge of mechanics lien bond</u> <u>Gateway Kensington LLC</u> <u>Lien of Westchester Stucco</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,654.00
3.48	Nonpriority creditor's name and mailing address THE STEAMBOAT ROAD PROPERTY ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Over funding of project and claims for excess billing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236,437.46
3.49	Nonpriority creditor's name and mailing address UNITED RENTALS PO BOX 100711 ATLANTA, GA 30384-0711 Date(s) debt was incurred _____ Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.04

3.50	Nonpriority creditor's name and mailing address VERIZON BANKRUPTCY ADMINISTRATION 500 TECHNOLOGY DRIVE STE 550 WELDON SPRING, MO 63304 Date(s) debt was incurred ____ Last 4 digits of account number <u>0199</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.23
3.51	Nonpriority creditor's name and mailing address VIRTUAL MEDIA 3D 87, RUE MAURICE-AVELINE, STE 4 SAINTE-ADELE, QUEBEC J8B 2M8, CANADA Date(s) debt was incurred ____ Last 4 digits of account number <u>561</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,100.00
3.52	Nonpriority creditor's name and mailing address VITOLITE ELECTRIC SALES CO. 24 KING STREET PORT CHESTER, NY 10573 Date(s) debt was incurred ____ Last 4 digits of account number <u>6672</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.96
3.53	Nonpriority creditor's name and mailing address WB MASON PO BOX 981101 BOSTON, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.53
3.54	Nonpriority creditor's name and mailing address WELBY BRADY & GREENBLATT LLP 11 MARTINE AVENUE, 15TH FLOOR WHITE PLAINS, NY 10601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees in connection with Westchester Stucco Inc. action</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.55	Nonpriority creditor's name and mailing address WESTCHESTER ELECTRICAL SYSTEMS ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Possible claim for construction work that was warrantied by the Debtor in connection with The Steamboat Road Property.</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.56	Nonpriority creditor's name and mailing address WESTCHESTER ELECTRICAL SYSTEMS ONE GREENWICH OFFICE PARK SOUTH, SUITE 350 GREENWICH, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Claim for excess billing</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$64,922.42

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	484.83
5b.	+	10,952,075.40
5c.	\$	10,952,560.23